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To: Tuan N. Quach
Group Art Unit: 2826

From: Leslie S. Szivos, Ph.D.

Fax: 571-273-8300

Pages: 17 (including cover page)

Phone:

Date: September 26, 2005

Re: Diane C. Boyd, et al.
U.S. Patent Appln No. 10/725,849
Our Docket: 16890 (YOR920030323US1)

CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Enclosed please find:

Certificate of Transmission by Facsimile

Amendment Transmittal Letter (in duplicate)

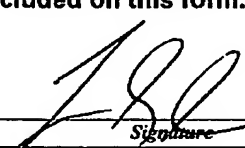
Response under 37 C.F.R. §1.116 (13 pages)

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PAGE 20/35 * RCVD AT 9/26/2005 4:04:17 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/31 * DNIS:2738300 * CSID:5167424366 * DURATION (mm-ss):09:40

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16890 (YOR920030323US1)	
Applicant(s): Diane C. Boyd, et al.						
Application No. 10/725,849	Filing Date December 2, 2003	Examiner Tuan N. Quach	Customer No. 23389	Group Art Unit 2826	Confirmation No. 3234	
Invention: ULTRA-THIN SI CHANNEL MOSFET USING A SELF-ALIGNED OXYGEN IMPLANT AND DAMASCENE TECHNIQUE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	31 -	31 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: September 26, 2005			
Leslie S. Szivos, Ph.D. Registration No. 39,394			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____</p><p>(Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
YL:dg CC:						

P11LARGE/REV09

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16890 (YOR920030323US1)	
Applicant(s): Diane C. Boyd, et al.						
Application No. 10/725,849	Filing Date December 2, 2003	Examiner Tuan N. Quach	Customer No. 23389	Group Art Unit 2826	Confirmation No. 3234	
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CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	31 -	31 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: September 26, 2005			
Leslie S. Szivos, Ph.D. Registration No. 39,394			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p>(Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
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RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2826

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Diane C. Boyd, et al.	Examiner:	Tuan N. Quach
Serial No:	10/725,849	Art Unit:	2826
Filed:	December 2, 2003	Docket:	16890 (YOR920030323US1)
For:	ULTRA-THIN SI CHANNEL MOSFET USING A SELF-ALIGNED OXYGEN IMPLANT AND DAMASCENE TECHNIQUE		
		Dated:	September 26, 2005

Confirmation No: 3234

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P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE UNDER 37 C.F.R. § 1.116


Dear Sir:

In response to the Office Action dated July 27, 2005, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: September 26, 2005


Leslie S. Szivos, Ph.D.